



**City of Camarillo**  
**Employment Application**  
[www.cityofcamarillo.org](http://www.cityofcamarillo.org)

The City of Camarillo is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, gender, gender expression, gender identity, sexual orientation, religion, age, physical disability, mental disability, marital status, military and veteran status, ancestry, medical condition, or genetic information.

Employment applications will be processed ONLY for positions where a recruitment is in progress and the closing date has not passed.

**INSTRUCTIONS:** Please type or print in ink. Fill out application form completely. Be sure to sign when completed. Failure to complete the application may result in rejection of your application. **Resumes will not be accepted in lieu of applications.**

Position Applied for							
Last Name		First Name		M.I.		Social Security Number	
Street Address							
City		State		ZIP			
Phone			E-mail Address				
Alternate Phone			California Driver's License #			Exp. Date	

**EDUCATION**

(NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

	NAME & LOCATION OF SCHOOL	NUMBER COMPLETED			COURSE OF STUDY	DID YOU GRADUATE?	TYPE OF DEGREE/CERTIFICATES
		UNITS	QTRS	SEM			
HIGH SCHOOL/GED							
COLLEGE OR UNIVERSITY							
GRADUATE SCHOOL							
TECHNICAL OR VOCATIONAL SCHOOLS							

**SPECIAL TRAINING/SKILLS/QUALIFICATIONS**

List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

						Typing wpm	
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**PERSONAL INFORMATION**

(NOTE: Applicants will be required to provide information about certain criminal convictions at a later time during the recruitment process. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The City may consider the nature, date and circumstances of the offense as well as whether the offence is relevant to the duties of the position for which you are applying.)

If offered employment, can you provide proof of eligibility to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever been employed by the City of Camarillo?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when and title?				
Are you related by blood or marriage to any person(s) presently employed by the City of Camarillo?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?				
Do you require any modifications or adjustments to the job application process to enable you to be considered for the position which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation(s)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you claim Veteran's* Preference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Attach a non-returnable DD214 if requesting Veteran's Preference. A veteran applicant who meets the minimum qualifications for the position will receive preference.				

\*"Veteran" is any person who has served full-time for 30 days or more in the armed forces in time of war, or in time of peace in a campaign, expedition or service for which a medal has been authorized by the government of the United States, or during the period from September 16, 1940 to January 31, 1955, who has been terminated or released under conditions other than dishonorable.

Last Name, First Name \_\_\_\_\_

**EXPERIENCE**

Beginning with your most recent position, list all employment, military service and volunteer work for the last ten years. Additional sheets may be added. A resume will not substitute for this section.

From		To		Job Title			
Company/ Employer					Phone		
Address of Employer					Supervisor's Name & Title		
Duties of your position							
Reason for Leaving				Monthly Salary	\$	# Employees Supervised	
May we contact this employer?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

From		To		Job Title			
Company/ Employer					Phone		
Address of Employer					Supervisor's Name & Title		
Duties of your position							
Reason for Leaving				Monthly Salary	\$	# Employees Supervised	
May we contact this employer?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

From		To		Job Title			
Company/ Employer					Phone		
Address of Employer					Supervisor's Name & Title		
Duties of your position							
Reason for Leaving				Monthly Salary	\$	# Employees Supervised	
May we contact this employer?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

**CERTIFICATE OF APPLICANT**

I, the undersigned, certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements or omissions of material facts will subject me to disqualification or dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_